



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
OFFICE OF HEALTH RELATED BOARDS  
665 MAINSTREAM DRIVE  
NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF VETERINARY MEDICAL EXAMINERS  
(615) 532-5090 or 1-800-778-4123 ext. 5325090  
<http://tn.gov/health/topic/vet-board>

## APPLICATION INSTRUCTIONS FOR LICENSURE AS A VETERINARIAN

(1) Veterinarian by Exam:

Each applicant must submit the following documents to the board prior to licensure:

1. Completed application, signed in the presence of a Notary.  
**You must write your social security number on the application for it to be complete. State law requires social security numbers on this application. TCA § 36-5-1301(a), as authorized by 42 U.S.C. § 405(c)(2)(C)(i). The number will be used to verify your identity and for any other purpose allowed by state or federal law.**
2. Check or money order payable to the Tennessee Board of Veterinary Medical Examiners.  
Fee: One Hundred Thirty-Five Dollars (\$135.00) **All application fees are non-refundable.**
3. Two (2) recent passport-type photographs, both signed.
4. Proof of United States or Canada citizenship or evidence of being legally entitled to live in the United States. Such evidence may include copies of birth certificate, naturalization papers, or current visa status. **All applicants must complete and submit the Declaration of Citizenship** available online at <http://tn.gov/assets/entities/health/attachments/PH-4183.pdf>.
5. Certified transcripts reflecting graduation submitted directly from the school or college of veterinary medicine.
6. Verification of licensure from each and every state where licensure is or has been held. The verification must be submitted directly to the Board's Office from the other state(s).
7. Official North American Veterinary Licensing Examination (NAVLE) score, or both an official National Board Examination score and an official Clinical Competency Test score submitted directly from the American Association of Veterinary State Boards (AAVSB).
8. Mandatory Practitioner Profile. You are required by law to update your profile within 30 days of any change as long as you have an active license. Failure to do so may subject you to disciplinary action. Form available online at <http://tn.gov/assets/entities/health/attachments/PH-3585.pdf>.
9. Criminal Background Check. For instructions to obtain a criminal background check, go to <http://tn.gov/health/article/CBC-instructions>.

(2) Veterinarian by Reciprocity

Each applicant must submit the following documents to the board prior to licensure:

1. Submit all documentation listed in (1).  
Fee: Two Hundred Eighty-Five Dollars (\$285.00) **All application fees are non-refundable.**

2. Furnish an affidavit or other proof of active practice in veterinary medicine for three (3) of the previous five (5) years before application is made for an average of at least twenty-five (25) hours per week.
3. Provide proof of completion of a minimum of sixty (60) hours of continuing education in the previous five (5) years. Forty-five (45) hours must pertain to the medical and surgical care of animals. Fifteen (15) hours may pertain to a special interest in veterinary medicine in fields other than the medical and surgical care of animals, including but not limited to practice management and state and federal regulatory programs. A maximum of thirty (30) hours may be obtained in a multi-media format.

(3) Graduates of Foreign Veterinary Schools.

Each applicant must submit the following documents to the board prior to licensure:

1. Submit all documentation listed in (1) if applying for licensure by exam and submit all documentation listed in (1) and (2) if applying for licensure by reciprocity. **All fees are non-refundable.**
2. Be a graduate of a veterinary school approved by the American Veterinary Medical Association or by the Board.
3. Be certified by the Educational Commission for Foreign Veterinary Graduates (ECFVG), which is a committee of the American Veterinary Medical Association; or the Program for the Assessment of Veterinary Education Equivalence (PAVE), which is a program of the American Association of Veterinary State Boards; or a certification agency deemed by the Board to be equivalent to ECFVG or PAVE
4. Submit official copy of grades and curriculum, translated if not in English. The original document and the translation must be certified as authentic by the issuing source.

#### Items to Note

**Senior Veterinary Students:** Please submit all available documentation as soon as possible. The only items the Board should expect to receive at a later date are transcripts (which will be sent directly from school) and test scores (which will be sent directly from AAVSB). The licensure application and licensure fee payment must be submitted to the Board's administrative office in accordance with the International Council for Veterinary Assessment (ICVA) formerly known as the National Board of Veterinary Medical Examiners (NBVME) deadline.

**Note: You will need to apply directly to the ICVA (formerly the NBVME) in order to take the NAVLE.**

**To All Applicants:** Please allow six (6) weeks for all documents to be received in our office. After receipt of your application in this office, a certified letter will be sent to you noting any deficiencies.

**IMPORTANT: You must have a license issued by the Tennessee Board of Veterinary Medical Examiners before you may lawfully practice as a Veterinarian in Tennessee.**

Mail to:

**Tennessee Board of Veterinary Medical Examiners  
665 Mainstream Drive  
Nashville, TN 37243**

**TAPE A CURRENT,  
FULL-FACE  
PHOTOGRAPH HERE**

**(SIGNED BY APPLICANT  
ON THE FRONT  
OF THE PHOTO)**



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**FOR OFFICIAL USE ONLY**

2317-001 Application Fee \$ 125  
2317-006 State Reg Fee \$ 10  
2317-001 Reciprocity \$ 150

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(615) 532-5090 or 1-800-778-4123 EXT 5325090  
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**APPLICATION FOR LICENSURE AS A VETERINARIAN**

Please complete each question and return the form, supporting documents, and the application fee to the above address.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle Maiden (if not used as your middle name)

Social Security Number: \_\_\_\_\_ U.S. Citizen: Yes \_\_\_ No \_\_\_  
All applicants must complete the Declaration of Citizenship form

Date of Birth: \_\_\_\_\_ Entitled to Live and Work in the U.S. Yes \_\_\_ No \_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Practice Address\*: \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_

Do you wish to receive notifications, including renewal notification, from Department of Health via email? Please note, by opting in, all correspondence from the Department of Health will be delivered to the email address on file for you. You will no longer receive physical mail from our office. \_\_\_ Yes \_\_\_ No

Race: \_\_\_\_\_ Phone: Home: \_\_\_\_\_  
Gender: Female \_\_\_ Male \_\_\_ Office: \_\_\_\_\_

Are you a member of the U.S. armed forces who has, within the preceding 180 days, retired from the armed forces, received any discharge other than a dishonorable discharge from the armed forces, or been released from active duty to a reserve component of the armed forces? (If yes, please provide proof of status.) Yes \_\_\_ No \_\_\_

Are you the spouse of a member of the armed forces who has been transferred by the military to Tennessee or who has, within the preceding 180 days, retired from the armed forces, received a discharge other than a dishonorable discharge from the armed forces or been released from active duty to a reserve component? (If yes, please provide proof of same.) Yes \_\_\_ No \_\_\_

Have you ever been known by any other names besides what is listed above? Yes \_\_\_ No \_\_\_

If yes, please state in full every other name by which you have been known, the reason therefore, and inclusive dates so known: \_\_\_\_\_  
\_\_\_\_\_

**\*If you have no practice address, notify the Board of your practice address within 30 days of obtaining a practice address. If you have multiple practice address, please attach an additional page listing all practice addresses.**

## EDUCATIONAL AND EMPLOYMENT INFORMATION

Please provide the following information for all educational institutions you have attended beyond high school. Use the back of this page if you need additional space. Request an official transcript be submitted directly from the school or college of veterinary medicine where you completed your veterinary degree.

From:	To:	Educational Institution	City, State	Degree Earned	Year Graduated
_____ Mo./Yr.	_____ Mo./Yr.	_____	_____	_____	_____
_____ Mo./Yr.	_____ Mo./Yr.	_____	_____	_____	_____
_____ Mo./Yr.	_____ Mo./Yr.	_____	_____	_____	_____
_____ Mo./Yr.	_____ Mo./Yr.	_____	_____	_____	_____

**Please complete your employment history for the past five (5) years starting with the most current position first.** Dates of employment must be included.

<u>Company/ Employer:</u>	<u>Address:</u> (City, and State)	<u>Position:</u>	<u>Duties:</u>	<u>Dates</u>	
				<u>From:</u>	<u>To:</u>
				_____ Mo./Yr.	_____ Mo./Yr.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## CERTIFICATION INFORMATION

Are you or have you ever been licensed in this profession in another state? YES    NO  
\_\_\_\_\_

Are you or have you ever been licensed in any other profession in Tennessee or another state? \_\_\_\_\_

List below **ALL STATES, COUNTRIES, OR PROVINCES IN WHICH YOU HAVE EVER BEEN OR ARE CURRENTLY LICENSED, PERMITTED, OR CERTIFIED.** Additional pages may be added if necessary. Request that verification of licensure be submitted directly to the Board's Office from each state.

STATE	PROFESSION	LICENSE NUMBER	CURRENT STATUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- |   | YES   | NO    |
|---|-------|-------|
| 1. Have you taken the North American Veterinary Licensure Examination (NAVLE)?                  | _____ | _____ |
| 2. Have you ever previously applied for a license to practice veterinary medicine in Tennessee? | _____ | _____ |
| 3. Have you taken the National Board Exam (NBE)?  | _____ | _____ |
| 4. Have you taken the Clinical Competency Test (CCT)?   | _____ | _____ |

Please circle below which exam you took and indicate the date when you successfully completed the examination. If you took more than one clinical examination, please list the information on each.

Exam(s) Taken:    NAVLE                      NBE                      CCT

Date Exam(s) Taken: \_\_\_\_\_

Do you have a DEA number? YES    NO  
\_\_\_\_\_

DEA number: \_\_\_\_\_

**TAPE A CURRENT, SIGNED  
PHOTOGRAPH HERE**

**(SIGNED BY APPLICANT  
ON THE BACK  
OF THE PHOTO)**

## COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If you answer "yes" to any of the questions in this part, you must supplement your affirmative response with a thorough explanation on a separate page. IN SUPPORT OF YOUR EXPLANATION, THE FINAL DOCUMENTS OR ORDERS FROM THE ISSUING STATES, COURTS, AND/OR AGENCIES MUST BE SUBMITTED ALONG WITH THIS APPLICATION. Additional information may be requested and/or required before a licensure decision may be made. For the purposes of these questions, the following phrases or words have the following meanings:

1. **"Ability to practice veterinary medicine"** is to be construed to include all of the following:
  - a. The cognitive capacity to make appropriate clinical diagnosis, exercise reasoned judgments, to learn, and keep abreast of medical developments;
  - b. The ability to communicate those judgments and medical information to clients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
  - c. The physical capability to perform professional tasks and procedures required of your profession with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **"Medical Condition"** includes physiological, mental or psychological conditions including, but not limited to; orthopedic, visual, speech and/or hearing impairments, emotional or mental illness, specific learning disabilities, drug addiction, and alcoholism.
3. **"Minor Traffic Offense"** generally means moving and non-moving violations punishable by fines only and does not include offenses such as driving under the influence or while intoxicated or reckless driving.
4. **"Chemical substances"** is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
5. **"Currently"** does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee or within the past two (2) years.
6. **"Illegal use of illicit or controlled substances"** means the use of substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

**QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation.**

**YES NO**

- |    |   |     |     |
|----|---|-----|-----|
| 1. | Do you currently have any physical or psychological limitations or impairments caused by an existing medical condition which are reduced or ameliorated by ongoing treatment or monitoring, or the field of practice, the setting or the manner in which you have chosen to practice? | ___ | ___ |
| 2. | Do you currently use any chemical substances which in any way impair or limit your ability to practice your profession with reasonable skill and safety?  | ___ | ___ |

If so, please list: \_\_\_\_\_

*[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted license should be issued, conditions should be imposed, or you are not eligible for licensure.]*

**COMPETENCY INFORMATION**  
(continued)

**QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation.**      **YES    NO**

- |     |   |     |     |
|-----|---|-----|-----|
| 3.  | At any time within the past two years, have you engaged in the illegal use of illicit or controlled substances?   | ___ | ___ |
| 4.  | Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you to assure that you do not consume alcohol and/or do not engage in the illegal use of illicit or controlled substances?  | ___ | ___ |
| 5.  | Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or other diagnosis of a predatory nature?   | ___ | ___ |
| 6.  | Have you ever held or applied for a license, privilege, registration or certificate to practice veterinary medicine in any state, country, or province, that has been or was ever denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? | ___ | ___ |
| 7.  | Have you ever had staff privileges at any hospital or health care facility that were ever revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action?   | ___ | ___ |
| 8.  | Have you ever applied for or held a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted, voluntarily surrendered or otherwise disciplined or surrendered under threat of restriction or disciplinary action?   | ___ | ___ |
| 9.  | Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offense) whether or not sentence was imposed or suspended?  | ___ | ___ |
| 10. | Have you ever been rejected or censured by a professional association or society?   | ___ | ___ |
| 11. | In relation to the performance of your professional services in any profession:   |     |     |
| a.  | Have you ever had a final judgment rendered against you;  | ___ | ___ |
| b.  | Have you ever entered into any settlement of any legal action; or   | ___ | ___ |
| c.  | Are there any legal actions pending against you or to which you are a party?  | ___ | ___ |
| 12. | Have you ever held a license, registration, privilege or certificate in any profession that has ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action in any jurisdiction?   | ___ | ___ |
| 13. | Has your name ever been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state)   | ___ | ___ |
| 14. | Have you ever been dropped, suspended, expelled, or disciplined by any school or college for any cause?   | ___ | ___ |
| 15. | Have you ever failed a national licensure examination?  | ___ | ___ |
|     | If yes, which exam and how many times have you failed? _____  |     |     |

**APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC**

**AFFIDAVIT AND RELEASE**

I, \_\_\_\_\_, of \_\_\_\_\_,  
(Applicant's Name) (City) (State)

being duly sworn and identified as the person referred to in this application attests to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Board's Internet site and/or were provided to me by the Board office, and agree to abide by them in the practice as a veterinarian in the State of Tennessee.

**I HEREBY:**

**SIGNIFY** my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

**RELEASE** to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice as a veterinarian.

**AUTHORIZE** the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

**RELEASE** from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and other qualifications for licensure.

**ACKNOWLEDGE** that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications and for resolving any doubts about such qualifications.

**AUTHORIZE** release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

**AFFIRM** that I am accountable to the Board of Veterinary Medical Examiners for my compliance with all state statutes and regulations governing the practice of veterinary medicine in Tennessee.

**THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**